


FOR MVC USE ONLY ISSUED	<input type="checkbox"/> OK TO ISSUE	PLATE						INITIAL REACTIVATE REISSUE LPS	CLERK ID:	DATE:
REASON FOR REJECT:										





**New Jersey  
Motor Vehicle Commission**


Special Plate Unit  
P.O. Box 015  
Trenton, New Jersey 08666-0015  
609-292-6500 ext. 5061  
Email: NJMVCSPU@MVC.NJ.GOV


Select One:  
Agriculture


  
Animal Friendly


  
Battleship


  
Baymen's Heritage


  
Conquer Cancer


  
Deborah Heart & Lung


  
Fallen Law Enforcement


  
Historic Preservation


  
Liberty Park


  
Meadowlands


  
Olympic


  
Organ Donor


  
Pinelands

  
Shade Tree

  
Shore

  
United We Stand

  
Wildlife Eagle



PERSONALIZED PLATE APPLICATION FOR DEDICATED PLATE

Complete all sections of the application. Type or print clearly. Copy vehicle description exactly from the registration certificate. Show your choices in order of preference. Show preferred spacing for each choice (ABC D, ABCDE, A BCD, etc.) The plate is limited to 5 spaces. If you have more than 4 choices, list the others on a separate sheet. Staple a photocopy of your current registration to this application and a check or money order for \$100 payable to "NEW JERSEY MOTOR VEHICLE COMMISSION." DO NOT SEND CASH. If the registration is due for renewal, have it renewed at a local Motor Vehicle Agency before mailing the application.

Application must be completed and signed by the VEHICLE OWNER. If you answered "Yes" to question 1, personalized plates may not be issued to you if you were convicted of one or more of those listed offenses within the last 10 years. If you answered "Yes" to question 2, personalized plates can never be issued to you under motor vehicle law and/or regulation. If you answered "Yes" to question 3, you may apply two years from the date your privilege was restored. (Additional fee may apply)

1. Have you within the past 10 years been convicted of:

a. N.J.S.A. 39:4-50, Driving while under the influences of alcohol or drugs or while ability is impaired by alcohol, or refusing to take a breathalyzer test?

YES

NO

b. N.J.S.A. 39:4-96, reckless driving?

YES

NO

2. Have you ever been convicted of N.J.S.A. 2C:11-5, death by auto?

YES

NO

3. Has your New Jersey driving privilege been revoked or suspended for any reason within the past two years?

YES

NO

REGISTRATION EXPIRES MONTH:                      YEAR:		FULL VEHICLE IDENTIFICATION NUMBER			
NAME OF REGISTERED OWNER			DRIVER LICENSE OR CORPCODE NUMBER		
STREET ADDRESS		CITY	STATE	ZIP CODE	
VEHICLE MAKE	YEAR	VEH TYPE	W.C.	COLOR	MODEL
BIRTH DATE	SEX	CURRENT PLATE NUMBER		CONTACT NUMBER	
I certify the statements made on this application are true.					
SIGN HERE:		EMAIL ADDRESS:		DATE:	

PLEASE CONSIDER YOUR CHOICE CAREFULLY.  
A maximum of five spaces is allowed for any combination of letters, numbers and blanks.

Plate	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
Choices				

Return the completed application and items listed below:

1. A photocopy of the current registration certificate.

2. A check or money order in the amount of \$100 made payable to NJMVC.

NO REFUNDS OR SUBSTITUTIONS ARE ALLOWED ONCE THE PLATES HAVE BEEN ORDERED FROM OUR VENDOR.

The annual renewal fee is \$10, except for Battleship plates, which are \$15, and Agriculture, which is free.

SP-100D – DEDICATED (R4/16) created by: AD

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